

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the linesConservative American Network Delivering Increased Congressional Excellence (CAN-
DICE PAC)

ADDRESS (number and street)

P.O. Box 183370

☐Check if different
than previously
reported. (ACC)

Shelby Township

MI

48318

337

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00488155

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☒April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2011

through

03

31

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Robert Leslie

Signature of Treasurer

Electronically Filed by Robert Leslie

Date

04

13

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Conservative American Network Delivering Increased Congressional Excellence (CAN-DICE PAC)

Report Covering the Period:

From:

M M
0 1D D
0 1Y Y Y Y
2 0 1 1

To:

M M
0 3D D
3 1Y Y Y Y
2 0 1 1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2011		28286.65
(b) Cash on Hand at Beginning of Reporting Period	28286.65	
(c) Total Receipts (from Line 19)	12700.00	12700.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	40986.65	40986.65
7. Total Disbursements (from Line 31)	31034.20	31034.20
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	9952.45	9952.45
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Conservative American Network Delivering Increased Congressional Excellence (CAN-
DICE PAC

Report Covering the Period:

From:

M M D D Y Y W Y
0 1 0 1 2 0 1 1

To:

M M D D Y Y W Y
0 3 3 1 2 0 1 1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	12700.00	12700.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ➡	12700.00	12700.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	12700.00	12700.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	12700.00	12700.00

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	7034.20	7034.20	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	7034.20	7034.20	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	24000.00	24000.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	31034.20	31034.20	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	31034.20	31034.20	

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	12700.00	12700.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12700.00	12700.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	7034.20	7034.20
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	7034.20	7034.20

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 15

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Conservative American Network Delivering Increased Congressional Excellence (CAN-DICE PAC)

A.

Full Name (Last, First, Middle Initial)
American Dental PAC (ADPAC)

Mailing Address 1111 - 14th St. NW, STE 1100

City State Zip Code
Washington DC 20005

FEC ID number of contributing
federal political committee.

C C00000729

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 1 1

Transaction ID: 10411.C40

Amount of Each Receipt this Period

2500.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Blue Cross Blue Shield of Michigan PAC

Mailing Address 602 W. Ionia St. - B102

City State Zip Code
Lansing MI 48933

FEC ID number of contributing
federal political committee.

C C00084061

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 0 / 2 0 1 1

Transaction ID: 10411.C39

Amount of Each Receipt this Period

2500.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Candice Miller for Congress

Mailing Address P.O. Box 182152

City State Zip Code

FEC ID number of contributing
federal political committee.

C C00365593

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 1 / 2 0 1 1

Transaction ID: 10127.C33

Amount of Each Receipt this Period

100.00

In-Kind

Computer & Equipment Usage

SUBTOTAL of Receipts This Page (optional)

5100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 15

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Conservative American Network Delivering Increased Congressional Excellence (CAN-DICE PAC)

A.

Full Name (Last, First, Middle Initial)

Candice Miller for Congress

Mailing Address P.O. Box 182152

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C C00365593

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: 10411.C36

Amount of Each Receipt this Period

100.00

In-Kind

Computer&Office Equip. Rental

B.

Full Name (Last, First, Middle Initial)

Candice Miller for Congress

Mailing Address P.O. Box 182152

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C C00365593

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 1

Transaction ID: 10411.C37

Amount of Each Receipt this Period

100.00

In-Kind

Computer&Office Equip. Rental

C.

Full Name (Last, First, Middle Initial)

CMS Energy Employees for Better Govt-Fed

Mailing Address One Energy Plaza

City

State

Zip Code

Jackson

MI

49201

FEC ID number of contributing
federal political committee.

C C00075473

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 3 / 2 0 1 1

Transaction ID: 10411.C35

Amount of Each Receipt this Period

2500.00

Receipt

SUBTOTAL of Receipts This Page (optional)

2700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 15

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Conservative American Network Delivering Increased Congressional Excellence (CAN-DICE PAC

A.

Full Name (Last, First, Middle Initial)
Great Lakes Sugarbeet Growers PAC

Mailing Address 2600 South Euclid Ave.#300 PLAZA N

City State Zip Code
Bay City MI 48706

FEC ID number of contributing
federal political committee.

C C00384354

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 7 / 2 0 1 1

Transaction ID: 10411.C34

Amount of Each Receipt this Period

2400.00

Receipt

B.

Full Name (Last, First, Middle Initial)
National Marine Manf. Assoc.- BOAT PAC

Mailing Address 444 North Capitol St. NW, STE 645

City State Zip Code
Washington DC 20001

FEC ID number of contributing
federal political committee.

C C00245548

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 9 / 2 0 1 1

Transaction ID: 10411.C38

Amount of Each Receipt this Period

2500.00

Receipt

SUBTOTAL of Receipts This Page (optional)

4900.00

TOTAL This Period (last page this line number only)

12700.00

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

Conservative American Network Delivering Increased Congressional Excellence (CAN-DICE PAC)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 / 15

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Conservative American Network Delivering Increased Congressional Excellence (CAN-DICE PAC)

A. Full Name (Last, First, Middle Initial) Paychex, Inc.	Transaction ID: 10411.E65 Date of Disbursement																				
Mailing Address 29065 Cabot Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	4		2	0	1	1												
City Novi State MI Zip Code 48377-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll Service Fee Candidate Name	<table border="1"> <tr> <td colspan="10">79.72</td> </tr> </table>	79.72																			
79.72																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
PAYROLL SERVICE FEE																					
B. Full Name (Last, First, Middle Initial) Paychex, Inc.	Transaction ID: 10411.E67 Date of Disbursement																				
Mailing Address 29065 Cabot Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	4		2	0	1	1												
City Novi State MI Zip Code 48377-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Employee Taxes Candidate Name	<table border="1"> <tr> <td colspan="10">211.50</td> </tr> </table>	211.50																			
211.50																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
EMPLOYEE TAXES																					
C. Full Name (Last, First, Middle Initial) Carabell Leslie & Company	Transaction ID: 10411.E69 Date of Disbursement																				
Mailing Address 83 Macomb Place	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	0		2	0	1	1												
City Mount Clemens State MI Zip Code 48043-5625	Amount of Each Disbursement this Period																				
Purpose of Disbursement Tax & Accounting Services Candidate Name	<table border="1"> <tr> <td colspan="10">350.00</td> </tr> </table>	350.00																			
350.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
TAX & ACCOUNTING SERVICES																					

SUBTOTAL of Disbursements This Page (optional)

641.22

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 / 15

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Conservative American Network Delivering Increased Congressional Excellence (CAN-DICE PAC)

A. Full Name (Last, First, Middle Initial) Charlie Palmer Steak	Transaction ID: 10411.E68 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 8 / 2 0 1 1</div> </div>
Mailing Address 101 Constitution Ave., NW	
City Washington State DC Zip Code 20001-	Amount of Each Disbursement this Period <div>396.00</div>
Purpose of Disbursement Dinner Expense	
Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ DINNER EXPENSE
B. Full Name (Last, First, Middle Initial) M.J. Chirco Family I, LLC	Transaction ID: 10127.E48 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 3 / 2 0 1 1</div> </div>
Mailing Address 48641 Van Dyke Ave.	
City Shelby Township State MI Zip Code 48317-	Amount of Each Disbursement this Period <div>80.00</div>
Purpose of Disbursement January Office Rent Expense	
Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ JANUARY OFFICE RENT EXPEN- SE
C. Full Name (Last, First, Middle Initial) M.J. Chirco Family I, LLC	Transaction ID: 10411.E57 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 1 / 2 0 1 1</div> </div>
Mailing Address 48641 Van Dyke Ave.	
City Shelby Township State MI Zip Code 48317-	Amount of Each Disbursement this Period <div>80.00</div>
Purpose of Disbursement Feb. Office Rent Expense	
Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ FEB. OFFICE RENT EXPENSE

SUBTOTAL of Disbursements This Page (optional)

556.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 / 15

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Conservative American Network Delivering Increased Congressional Excellence (CAN-DICE PAC

A.

Full Name (Last, First, Middle Initial)

M.J. Chirco Family I, LLC

Mailing Address 48641 Van Dyke Ave.

City State Zip Code
Shelby Township MI 48317-

Purpose of Disbursement
March Office Rent Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 10411.E62

Date of Disbursement

Amount of Each Disbursement this Period

80.00

MARCH OFFICE RENT EXPENSE

B.

Full Name (Last, First, Middle Initial)

Candice Miller for Congress

Mailing Address P.O. Box 182152

City State Zip Code

Purpose of Disbursement
Computer & Equipment Usage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 10127.C33IK

Date of Disbursement

Amount of Each Disbursement this Period

100.00

IN KIND: COMPUTER & EQUIP-
MENT USAGE

C.

Full Name (Last, First, Middle Initial)

Candice Miller for Congress

Mailing Address P.O. Box 182152

City State Zip Code

Purpose of Disbursement
Computer&Office Equip. Rental

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 10411.C36IK

Date of Disbursement

Amount of Each Disbursement this Period

100.00

IN KIND: COMPUTER&OFFICE
EQUIP. RENTAL

SUBTOTAL of Disbursements This Page (optional)

280.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 / 15

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Conservative American Network Delivering Increased Congressional Excellence (CAN-DICE PAC)

A.

Full Name (Last, First, Middle Initial)

Candice Miller for Congress

Mailing Address P.O. Box 182152

City State Zip Code

Purpose of Disbursement
Computer&Office Equip. Rental

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 10411.C37IK

Date of Disbursement

/ /

Amount of Each Disbursement this Period

IN KIND: COMPUTER&OFFICE
EQUIP. RENTAL

B.

Full Name (Last, First, Middle Initial)

Sean Moran

Mailing Address 2595 Chain Bridge Road

City State Zip Code
Vienna VA 22181-5577

Purpose of Disbursement
Strategic Fundraising Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 10127.E52

Date of Disbursement

/ /

Amount of Each Disbursement this Period

STRATEGIC FUNDRAISING SER-
VICES

C.

Full Name (Last, First, Middle Initial)

Sean Moran

Mailing Address 2595 Chain Bridge Road

City State Zip Code
Vienna VA 22181-5577

Purpose of Disbursement
Strategic Fundraising Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 10411.E60

Date of Disbursement

/ /

Amount of Each Disbursement this Period

STRATEGIC FUNDRAISING SER-
VICES

SUBTOTAL of Disbursements This Page (optional)

2930.50

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Conservative American Network Delivering Increased Congressional Excellence (CAN-DICE PAC)

A.

Full Name (Last, First, Middle Initial)

Sean Moran

Mailing Address 2595 Chain Bridge Road

City
Vienna

State
VA

Zip Code
22181-5577

Purpose of Disbursement
Strategic Fundraising Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 10411.E66

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	1	1

Amount of Each Disbursement this Period

1415.25

STRATEGIC FUNDRAISING SERVICES

SUBTOTAL of Disbursements This Page (optional)

1415.25

TOTAL This Period (last page this line number only)

6425.69

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 / 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Conservative American Network Delivering Increased Congressional Excellence (CAN-DICE PAC

A. Full Name (Last, First, Middle Initial)
National Republican Congressional Cmte.

Mailing Address 320 - First Street, SE

City Washington State DC Zip Code 20003-

Purpose of Disbursement
TRANSFER OF EXCESS FUNDS

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 10127.E50

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	8		2	0	1	1

Amount of Each Disbursement this Period

10000.00

TRANSFER OF EXCESS FUNDS

B. Full Name (Last, First, Middle Initial)
National Republican Congressional Cmte.

Mailing Address 320 - First Street, SE

City Washington State DC Zip Code 20003-

Purpose of Disbursement
TRANSFER OF EXCESS FUNDS

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 10411.E63

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	1	1

Amount of Each Disbursement this Period

14000.00

TRANSFER OF EXCESS FUNDS

SUBTOTAL of Disbursements This Page (optional)

24000.00

TOTAL This Period (last page this line number only)

24000.00